

Assessment of Factors Influencing Mentor-Mentee Relationship in Nursing Education and Practice among Nurse- Midwives in Olabisi Onabanjo University Teaching Hospital, Ogun State

Olubukunola Adesola Ajayi

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Toliah Abiodun Arogundade

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Subuola Christiana Aderibigbe

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Mary Ayodeji Olofin-Samuel

Department of Nursing, Faculty of Basic Medical Sciences, Ekiti State University, Ado -
Ekiti, Ekiti State

Olaide Olasubomi Sodiya

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Badejoko Alice Ogunrinde

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Funke Sulyman

School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Testimony Oluwaseun Aluko

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Abstract: *Mentorship in nursing plays a crucial role in achieving organizational goals, upholding nursing standards, and enhancing job satisfaction among nurse-midwives. This study assessed factors influencing the mentor-mentee relationship among nurse-midwives at Olabisi Onabanjo University Teaching Hospital, Ogun State. Using a descriptive cross-sectional design, data were collected via a structured questionnaire from 114 respondents selected through simple random sampling. The instrument was validated through literature comparison and demonstrated a reliability index of 0.746 following a pilot study. Data analysis with SPSS version 26.0 revealed that most participants were aged 31-40 years and practiced Christianity. Findings showed a high level of knowledge about mentorship relationships (64%), while 36% exhibited low knowledge. Approximately 65.8% agreed mentorship positively impacts both personal and professional growth. Key factors influencing mentor-mentee relationships identified included clear role definitions, goal setting, mutual trust, and expanding mentors' knowledge base. Barriers to effective mentoring were noted as time constraints, poor communication, negative attitudes, and religious differences. The study concludes that while respondents possess substantial knowledge of mentorship, active engagement in mentoring is essential to fully develop their potential. Therefore, it is recommended that nurse-midwives be encouraged to participate actively in mentoring programs and that institutions implement structured mentorship training to address communication issues and time management. Such initiatives will strengthen mentoring relationships, promote professional development, and improve overall nursing care quality.*

Keywords: mentorship, nurse-midwives, mentor-mentee relationship, professional development, barriers

INTRODUCTION

Nursing education plays a crucial role in shaping the future of healthcare by preparing young nurses and midwives to deliver holistic and high-quality care to individuals, families, and communities. The early stages of a nursing or midwifery career are often

marked by uncertainty, a lack of confidence, and the need for professional guidance. Therefore, support from experienced professionals is vital in bridging the gap between theoretical learning and clinical practice. In particular, midwives are not only responsible for maternal and neonatal care but also for nurturing and developing the next generation of practitioners through structured mentorship (Weese et al., 2020; Wanberg et al., 2023). The growing concern in the profession lies in the pressing need to cultivate highly skilled midwives capable of excelling in clinical care, academia, and nursing research (Ferreira, 2020). This call for competent professionals underscores the relevance of mentor-mentee relationships in midwifery education and practice (Osaghae 2020), especially in institutions like Olabisi Onabanjo University Teaching Hospital, Sagamu, where the demand for excellence in training and practice remains paramount.

Mentorship, defined as a relationship in which an experienced individual offers guidance to someone less experienced, has emerged as a significant educational tool in nursing and midwifery training. Globally, many countries have adopted mentoring to support student learning and clinical performance evaluation, yet its full potential and impact remain underexplored (Marshall & Ashwin, 2020). Within clinical settings, mentorship should foster an environment where mentees feel supported, thus promoting help-seeking behaviours and effective supervision (Drach-Zahavy, 2018). Importantly, mentorship transcends age; what matters most is the mentor's knowledge and experience. This exchange facilitates the transfer of skills and competencies necessary for quality healthcare delivery. The mentor-mentee relationship is, therefore, instrumental in shaping not only clinical competence but also professional values, career development, and personal growth within nursing and midwifery.

Historically, mentorship in nursing is not a novel concept. Florence Nightingale's contributions to nursing involved mentoring and shaping the careers of numerous nurses. Today, structured mentorship continues to play a central role in advancing nursing and midwifery careers in clinical practice, education, administration, and research. It provides opportunities for junior nurses to grow in confidence, competence, and career satisfaction while also allowing experienced professionals to give back to the profession (Bennet, 2020). However, despite widespread advocacy for mentorship in midwifery education, its practical implementation faces numerous challenges. Factors such as poor communication, mismatched expectations, and limited understanding of the dynamics affecting both mentors and mentees hinder effective mentoring relationships (Olorunfemi & Ojewole 2020). These challenges necessitate the development of structured guidelines, open communication, and mutual goal setting to facilitate productive mentor-mentee

interactions.

Several studies have explored the dynamics of mentoring relationships within academic and healthcare settings, focusing on perceptions, knowledge levels, and the impact of mentorship on professional development. Afolabi et al. (2020) revealed that 86.5% of academic staff at Obafemi Awolowo University were engaged in mentoring relationships, and 93.5% had a favourable perception of mentoring, identifying it as a key tool for academic development. In contrast, Kolawole (2020) found low levels of knowledge and overwhelmingly negative attitudes towards mentorship among both registered and student nurses at Specialist Hospital Yola, with registered nurses (43.5%) and student nurses (57.4%) displaying poor knowledge, and nearly all participants demonstrating negative attitudes. However, mentorship roles were acknowledged, such as sharing expertise, providing supervision, and protecting mentees from workplace errors.

Barriers to effective mentorship identified included poor communication, fear of mistakes, and lack of commitment. Kram et al. (2019), through a randomized controlled trial in the U.S., observed that while mentoring did not significantly change anxiety or self-efficacy statistically, it was perceived to foster academic success and career satisfaction among undergraduate nursing students. Tengah (2020) and Campbell (2019) both reported that mentorship helped boost self-confidence among students, although some mentees felt mentors were often too busy or unavailable. Additionally, Afolabi and Akinyemi (2021) demonstrated the effectiveness of constructivist problem-based learning techniques in improving academic outcomes, indirectly highlighting the value of mentorship in instructional methods. Finally, Nnabuife et al. (2020) concluded from a conceptual review that successful mentorship involves mutual respect and often evolves into supportive friendships. The study emphasized that mentoring is a structured developmental process that aids knowledge transfer and employee retention, with the potential to contribute significantly to academic excellence in Nigerian institutions.

The global shortage of qualified midwives has further complicated efforts to provide effective mentorship. According to the Australian Journal of Advanced Midwifery (2021), a declining workforce has reduced the pool of experienced midwives available to guide new entrants into the profession, impacting training, research, health policy development, and patient advocacy. This issue is not unique to any one country but represents a worldwide crisis that, if not addressed, threatens to derail nursing and midwifery education. Encouraging experienced midwives to mentor newcomers can be a powerful strategy for addressing workforce shortages and enhancing the quality of nursing education (Walter-

Reed, 2020). However, mentorship is not without its own set of barriers. Mentors often struggle with balancing personal and professional commitments, while mentees may exhibit lack of commitment, poor communication skills, or challenging personalities. These factors collectively pose significant obstacles to the development of effective mentoring relationships. Against this backdrop, this study seeks to assess the factors influencing mentor-mentee relationships among nurse-midwives in Olabisi Onabanjo University Teaching Hospital, Sagamu, with the aim of identifying enablers and barriers to fostering effective mentorship within nursing education and practice. The broad objective of this study is to assess the factors influencing mentor-mentee relationships among midwives. Specifically, the study aims to assess the level of knowledge about mentorship among nurse-midwives in Olabisi Onabanjo University Teaching Hospital (OOUTH), to examine the factors influencing mentor-mentee relationships among nurse-midwives in OOUTH, and to identify the barriers to successful mentoring relationships among nurse-midwives in the same institution.

METHODS

The study employed a non-experimental, cross-sectional descriptive design to investigate the factors influencing mentor-mentee relationships among registered nurse-midwives in Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu. This design was appropriate for capturing data at a single point in time to describe the existing dynamics and perceptions of mentorship within the clinical setting. The research was conducted among nurse-midwives working across various wards in OOUTH, which is situated in Sagamu Local Government, Ogun State. Formerly a general hospital before its conversion to a teaching hospital in 1986, OOUTH consists of twelve wards including surgical, medical, paediatric, and obstetric units, among others. The target population included all 160 nurse-midwives employed at the hospital, as recorded by the nursing department.

Using Taro Yamane's formula with a margin of error of 0.05, a sample size of 114 nurse-midwives was determined for the study. Participants were selected using simple random sampling to ensure every eligible nurse-midwife had an equal chance of being included. Data collection was carried out using a structured and validated questionnaire, which was divided into five sections. These covered demographic data, knowledge of mentor-mentee relationships, influencing factors, barriers to mentorship, and general perspectives on the subject. The questionnaire was pre-tested for reliability with 10% of the sample size in a different setting, yielding a Cronbach's alpha coefficient of 0.746, indicating high internal consistency. Face and content validity were ensured by expert reviews, aligning the items

with the study's objectives.

Data were collected personally by the researcher, who provided necessary explanations to the respondents to ensure accurate and complete responses. The completed questionnaires were retrieved and analysed using the Statistical Package for Social Sciences (SPSS). Ethical approval for the study was granted by the Research Committee of the Nursing Department, Ogun State College of Nursing Sciences, Idi Aba. Respondents gave informed consent, and confidentiality was maintained throughout. The purpose of the study was fully disclosed to participants, who were assured that their responses would be used solely for academic research

RESULTS

Table 1: Socio-Demographic Data (N=114)

Variable	Frequency	Percentage
Age (years)		
21-30	20	17.5
31-40	38	33.3
41-50	33	28.9
51-60	23	20.2
Gender		
Male	54	47.4
Female	60	52.6
Religion		
Christian	74	64.9
Islam	40	35.1
Level of education		
RN only	25	21.9
RN&RM	26	22.8
RN/Other specialty	32	28.1
BNSc	20	17.5
MSc	11	9.6
Years of experience		
1-4	21	18.4
6-10	29	25.4
11-15	32	28.1
16-20	19	16.7
21 and above	13	11.4
Marital status		

Married	88	77.2
Single	19	16.7
Divorced	7	6.1

Table 1 presents the socio-demographic characteristics of respondents. Most were aged 31–40 years (33.3%), with more females (52.6%) than males. The majority were Christians (64.9%), and educational qualifications varied, with RN/Other specialty (28.1%) being most common. Work experience ranged widely, with 6–10 years (25.4%) being the highest. Marital status showed that 77.2% were married, 16.7% single, and 6.1% divorced

Table 2: Knowledge Of Mentorship Among Nurse-Midwives (N=114)

Statement	A (%)	SA (%)	D (%)	SD (%)
Mentorship is defined as a relationship in which a more experienced or knowledgeable person guides and supports a less experienced or knowledgeable person.	73 (64.0)	41 (36.0)	0 (0.0)	0 (0.0)
Mentoring programs are typically only offered to new nurses and midwives.	29 (25.4)	54 (47.4)	15 (13.2)	16 (14.0)
Mentorship can improve job satisfaction and career advancement.	34 (29.8)	70 (61.4)	6 (5.3)	4 (3.5)
All nurse-midwives are required to have a mentor.	47 (41.2)	61 (53.5)	4 (3.5)	2 (1.8)
Mentorship has a positive impact on the personal and professional growth.	75 (65.8)	32 (28.1)	3 (2.6)	4 (3.5)
Mentors and mentees meet on a regular basis to discuss career goals and professional development.	36 (31.6)	41 (36.0)	16 (14.0)	21 (18.4)
Mentorship is primarily focused on providing technical and clinical skills.	49 (43.0)	55 (48.2)	4 (3.5)	6 (5.3)
Mentorship programs are typically conducted in a structured, formal manner with clear expectations and outcomes.	58 (50.9)	49 (43.0)	2 (1.8)	5 (4.4)
Mentorship relationships often develop naturally without any formal structure or guidance.	35 (30.7)	41 (36.0)	21 (18.4)	17 (14.9)
Mentors are responsible for providing all of the feedback and support in a mentoring relationship.	44 (38.6)	39 (34.2)	18 (15.8)	13 (11.4)
Most nurse-midwives have multiple mentors throughout their careers.	32 (28.1)	40 (35.1)	24 (21.1)	18 (15.8)

Table 2 presents the knowledge of mentorship among nurse-midwives. A majority (64.0%) recognised mentorship as a relationship where an experienced individual supports a less experienced one. About 61.4% strongly agreed that mentorship enhances job satisfaction

and career advancement, while 65.8% believed it positively impacts personal and professional growth. Over half (53.5%) strongly agreed that all nurse-midwives should have a mentor, and 47.4% strongly believed mentorship is typically offered to new nurses and midwives. Furthermore, 48.2% viewed mentorship as focused on technical and clinical skill development, and 50.9% agreed that programmes are usually structured and formal. However, 36.0% strongly believed that mentoring relationships can also develop informally. Additionally, 38.6% and 35.1% agreed and strongly agreed, respectively, that mentors provide essential feedback and support, and many nurse-midwives have multiple mentors over the course of their careers. These findings suggest a well-rounded understanding of mentorship among the respondents.

Table 3: Factors Influencing Mentorship Relationship Among Nurse-Midwives

Statement	A (%)	SA (%)	D (%)	SD (%)
Trust is unessential for a successful mentor- mentee relationship.	0 (0.0)	0 (0.0)	37 (32.5)	77 (67.5)
Mentors and mentees should have similar values and work styles.	46 (40.4)	39 (34.2)	17 (14.9)	12 (10.5)
Communication is key in maintaining a strong mentor-mentee relationship.	43 (37.7)	71 (62.3)	0 (0.0)	0 (0.0)
Mentees should provide opportunities for their mentors to develop new skills and knowledge.	41 (36.0)	49 (43.0)	15 (13.2)	9 (7.9)
Mentors should support their mentees in setting and achieving their career goals.	52 (45.6)	62 (54.4)	0 (0.0)	0 (0.0)
Mentor sets clear goals and expectations for mentee.	68 (59.6)	46 (40.4)	0 (0.0)	0 (0.0)
Mentors shouldn't help their mentees to network with other professionals in their field	0 (0.0)	0 (0.0)	47 (41.2)	67 (58.8)
Mentor-mentee relationship should be mutually beneficial for both parties.	54 (47.4)	60 (52.6)	0 (0.0)	0 (0.0)
Mentor develop a growth mindset and learning plan.	49 (43.0)	55 (48.2)	3 (2.6)	7 (6.1)
Mentors celebrate successes and acknowledges mentee progress.	38 (33.3)	60 (52.6)	5(4.4)	11 (9.6)
Mentors should provide constructive feedback in a respectful manner.	59 (51.8)	55 (48.2)	0 (0.0)	0 (0.0)

Table 3 highlights key factors influencing mentorship relationships among nurse-midwives. A significant 67.5% strongly disagreed that trust is non-essential, affirming its importance. Communication was emphasised, with 62.3% strongly agreeing on its critical

role. Similar values and work styles were considered important by 40.4%, while 43.0% strongly agreed that mentees should help mentors develop new skills. Career support was valued, with 54.4% strongly agreeing that mentors should aid in achieving career goals, and 59.6% agreed that clear goals should be set. Additionally, 58.8% strongly disagreed that mentors shouldn't facilitate networking. Mutual benefit (52.6%), growth mindset (48.2%), recognition of achievements (52.6%), and respectful feedback (51.8%) were also seen as essential.

Table 4: Barriers to Mentoring Relationship

Statement	A (%)	SA (%)	D (%)	SD (%)
Time constraints can be a significant barrier to establishing and maintaining a strong mentor-mentee relationship.	59 (51.8)	35 (30.7)	11 (9.6)	9 (7.9)
Personal differences between mentors and mentees, such as communication styles or work habits, can impede the success of a mentor-mentee relationship.	47 (41.2)	38 (33.3)	10 (8.8)	19 (16.7)
Cultural or generational differences can be a barrier to effective mentoring.	58 (50.9)	44 (38.6)	4 (3.5)	8 (7.0)
Sufficient commitment or follow-through on the part of either the mentor or mentee can hinder the relationship.	51 (44.7)	42 (36.8)	12 (10.5)	9 (7.9)
Differing expectations or goals between mentors and mentees can cause problems in a mentor-mentee relationship.	42 (36.8)	47 (41.2)	10 (8.8)	15 (13.2)
Insufficient training or guidance for mentors or mentees can hinder the effectiveness of a mentor- mentee relationship.	67 (58.8)	41 (36)	4 (3.5)	2 (1.8)
Misunderstandings or conflicts between mentors and mentees can be a significant barrier to a successful mentor-mentee relationship.	48 (42.1)	55 (48.2)	3 (2.6)	8 (7.0)
Religion differences is an obstacle of fostering strong mentoring	5(4.4)	9(7.9)	45 (39.5)	55 (48.2)
Geographic distance can make it easier to maintain a strong mentor-mentee relationship.	19 (16.7)	27 (23.7)	38 (33.3)	30 (26.3)
Mentor develop a growth mindset and learning plan	52 (45.6)	34 (29.8)	13 (11.4)	15 (13.2)
Gender differences is a stumbling block to membership	15 (13.2)	11 (9.6)	42 (36.8)	46 (40.4)
Competing priorities or workloads can interfere with a mentor-mentee relationship	55 (48.2)	37 (32.5)	14 (12.3)	8 (7.0)

Table 4 highlights various barriers to effective mentoring relationships. Over half (51.8%) identified time constraints as a major barrier, while 50.9% noted cultural or generational differences. Personal differences (41.2%), differing goals (41.2%), and lack of commitment (44.7%) were also reported as challenges. The majority (58.8%) strongly agreed that inadequate training or guidance hampers mentoring success, and 48.2% cited misunderstandings or conflicts as obstacles. Religion (48.2%) and gender differences (40.4%) were largely dismissed as significant barriers. Additionally, 48.2% noted that competing workloads can interfere with mentoring, and 45.6% supported the need for mentors to develop a growth mindset and learning plan.

Research Hypotheses

Ho1: There is no significant association between religion and barriers to relationship

Table 5: Chi-square analysis of association between religion and barriers to relationship

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	54.012	114	0.023
Likelihood Ratio	9.101	114	0.411
Linear-by-Linear Association	2.547	1	0.017
N of Valid Cases	125		

The chi-square analysis in Table 5 tests the null hypothesis (Ho1) that there is no significant association between religion and barriers to the mentor-mentee relationship. The Pearson Chi-Square value is 54.012 with 114 degrees of freedom and an asymptotic significance (p-value) of 0.023. Since this p-value is less than the conventional threshold of 0.05, it indicates that there is a statistically significant association between religion and barriers to the mentoring relationship. However, the Likelihood Ratio test shows a p-value of 0.411, which is not significant, suggesting some inconsistency between test statistics. The Linear-by-Linear Association value (2.547) has a p-value of 0.017, which is also significant, indicating a possible trend or linear association between religion and perceived barriers. Overall, the results provide evidence to reject the null hypothesis, suggesting that religion is significantly associated with barriers in the mentor-mentee relationship among the respondents

Ho2: There is no significant relationship between years of experience and influencing

factors

Table 6: Chi-square analysis of association between years of experience and influencing factors

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.021	114	0.008
Likelihood Ratio	11.326	114	0.011
Linear-by-Linear Association	3.581	1	0.000
N of Valid Cases	125		

The chi-square analysis in Table 6 examines the relationship between years of experience and factors influencing the mentor-mentee relationship among nurse-midwives. The Pearson Chi-Square value is 34.021 with 114 degrees of freedom and a p-value of 0.008, which is less than the conventional significance level of 0.05. This indicates a statistically significant association between years of experience and the influencing factors. Similarly, the Likelihood Ratio test supports this conclusion with a value of 11.326, degrees of freedom 114, and a p-value of 0.011, also below 0.05. The Linear-by-Linear Association test, with a value of 3.581 and p-value of 0.000, further confirms a significant linear relationship between years of experience and influencing factors. Therefore, the null hypothesis (Ho₂) that there is no significant relationship between years of experience and influencing factors is rejected, suggesting that years of experience significantly affect factors influencing the mentor-mentee relationship (Gidman et al., 2011).

DISCUSSION OF FINDINGS

This study assessed the factors influencing mentor-mentee relationships in nursing education and practice among nurse-midwives at Olabisi Onabanjo University Teaching Hospital, Ogun State. The findings revealed that most respondents understood mentoring as a relationship between an experienced individual and a less experienced one, highlighting its positive impact on job satisfaction (61.4%) and professional growth (65.8%). These results contrast with Kolawole's (2019) study at Specialist Hospital, Yola, which reported a generally low level of knowledge on mentorship among registered and student nurses. Kolawole's participants perceived mentoring primarily as a means of shielding mentees from difficult situations and preventing errors. However, the present study aligns more closely with Kim et al. (2019), whose research demonstrated that mentorship can significantly reduce anxiety and enhance academic and professional satisfaction among nursing students.

Similarly, Nnabuike and Okoli (2020) asserted that mentoring promotes knowledge transfer, capacity-building, and employee retention, aligning with this study's conclusions about the developmental and professional benefits of structured mentoring relationships.

In terms of factors influencing effective mentor-mentee relationships, several were identified by participants, including good communication (62.3%), shared work values (40.4%), opportunities to develop new skills (43.0%), and support for career goals (54.4%). Other key factors included setting clear expectations (59.6%), access to professional networks (58.8%), mutual benefits (52.6%), maintaining a growth mindset (48.2%), and celebrating progress (52.6%). Constructive feedback delivered respectfully (51.8%) also emerged as essential. These findings support Kolawole's (2019) assertion that poor communication and unclear role understanding are barriers to successful mentoring. The emphasis placed by participants on clear communication and defined expectations illustrates a shift from earlier perceptions, suggesting a growing understanding of mentorship as a reciprocal and structured professional relationship.

However, several barriers to effective mentorship were identified, including insufficient time (51.8%), cultural or generational differences (50.9%), lack of commitment (44.7%), and inadequate training or guidance (58.8%). Other challenges included misunderstandings (42.1%), differences in expectations (41.2%), personal differences (41.2%), and workload pressures (48.2%). Religious (7.9%) and gender differences (13.2%) were the least cited barriers. These challenges echo findings from Afolabi, (2019), who investigated mentoring among academic staff at Obafemi Awolowo University and noted similar impediments. Kolawole (2019) also identified communication lapses and conflicting priorities as common barriers in the mentor-mentee relationship. The consistency between this study and previous research underscores the need for institutional support, structured mentorship programmes, and continuous training to overcome barriers and promote effective mentoring in nursing practice.

CONCLUSION

The findings reveal that nurse-midwives possess a comprehensive understanding of mentorship, recognising it as a valuable relationship that fosters professional growth, career advancement, and personal development. Key factors such as trust, communication, mutual benefit, clear goals, and respectful feedback are widely acknowledged as essential to effective mentor-mentee relationships. Despite this, several barriers hinder successful mentoring, including time constraints, cultural or generational differences, personal differences, and insufficient training or guidance. Notably, religion and gender differences were generally not seen as significant obstacles. The study further establishes that religion

has a significant association with barriers to mentoring, while years of experience play a crucial role in shaping the factors that influence mentorship. Overall, these insights underscore the importance of structured mentorship programs that address these barriers and leverage the experience of nurse-midwives to enhance mentoring relationships.

Recommendations

1. Healthcare institutions should formalise and strengthen structured mentorship programs that clearly define roles, expectations, and outcomes for both mentors and mentees. This will help ensure consistent support for nurse-midwives' professional and personal growth.
2. Regular training workshops should be implemented to equip both mentors and mentees with essential skills such as effective communication, goal setting, and conflict resolution, addressing identified barriers like insufficient guidance and misunderstandings.
3. Strategies to foster trust and open communication between mentors and mentees should be prioritised, as these are critical factors for successful mentorship relationships. Encouraging alignment of values and work styles can further strengthen these bonds.
4. Healthcare management should consider workload adjustments or protected time allocations to enable nurse-midwives to actively engage in mentorship activities without competing priorities undermining the relationship's effectiveness.

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